CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CANDIDATE COMMITTEES ONLY:

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Effective January 1, 2010, all statements and reports filed by new committees lowa Ethics and Campaign for state office must be filed electronically and effective January 1, 2012, all Disclosure Board 510 E. 12th, Sto. 1A statements and reports filed by all committees for state office must be filed Des Moines, Iowa 50319 electronically. Fax: 515-281-4073 Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

YES _ NO

0.00

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM Greg Kehl for Hospital Board DISCLOSURE DR-2 IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (Rev. 12/2009) REPORT For Office Use Only Comm. # ___ 11) Local Ballot Issue Logged In CANDIDATE COMMITTEES ONLY: Political Party (if applicable) Scanned . Candidate Name Computer Audited District (If Senate or House) Office Sought Late reports are subject to possible civil and criminal penalties, Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 112-263-5685 100 SIGNATURE OF PERSON FILING REPORT I AM FILING A November 16, 2012 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # 1 (report date) Local Committees, enter Date of Election CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held Crawford STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 513.60 ADD TOTAL MONEY TAKEN IN THIS PERIOD 546.83 Schedule A. Cash Contributions total (Attach Schodule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule Happlies to Candidates' Committees Only) 1,060.43 SUB-TOTAL\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD 1,060.43 Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F) 0.00 CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ 0.00 *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 0.00 **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ 0.00

Greg Kehl for Hospital Board

For Instructions, See Back of Form	HI KOSCH ROLLEN	SCHEDULE	MONETARY
CONTRIBUTIONS MONEY TAKEN IN		(Rev. 07/03)	RECEIPTS
(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NOING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE; ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of Information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/1/12	ID# CK#	George Berry 709 Pleasant St, Denison, IA 51442		\$50.00	
1/1/12	ID# CK#	Kevin Fineran 1988 253rd St, Denison, IA 51442		449.40	
1/14/2012	ID# CK#	Denny Neppl Box 543, Denison, IA 51442		25.00	
11/14/2012	ID#	Terry Prickett 1003 Ridge Rd, Denison, IA 51442		22.43	
	ID# CK#				
	#טו				
	CK#				
	CK#				
	CK#				
	1D# CK#				
	ID#				
al unit			SUB-TOTAL	\$ 546.83	
		TOTAL (If last page	ge of this schedule)	\$ 546.83	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, onter "not applicable" in the relationship column.

Page 1 of 1 (for Schodule A)

11/16/2012 08:41

FOR INSTRUCTIONS, SEE BACK OF FORM	FOR	INSTRI	ICTIONS.	SEE	BACK	OF	FORM
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Reset Form

SCHEDULE

(Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Webl for Hospital Board

CALL SECTION OF THE PARTY.	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	ID#	Cable Channel 18	Advertising	
1/8/12	CK#	2712 K Ave, Denison, IA 51442		\$ 72.00
	ID#	Denison Bulletin	Advertising	
11/8/12	CK#	1401 Broadway, Denison, IA 51442		988.43
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
***************************************			SUB-TOTAL	\$ 1060.43
			TOTAL (if last page of this schedule	\$ 1060.43

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lowa Code 68A.402(3)(i).)

	1	1
Page		f